



COPY OF PAPERS
ORIGINALLY FILED

741004.1005

**DECLARATION AND POWER OF ATTORNEY FOR
UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

Declaration submitted with initial filing
 Declaration submitted after initial filing (surcharge (37 CFR 1.6(e) required))

First Named Inventor: Thomas W. Wielkopolski

COMPLETE IF KNOWN:

Application Number: _____

Filing Date: _____

Group Art Unit: _____

Examiner Name: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRIVE SYSTEM
(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability of this application as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
		Yes	No		
9916761.1	Great Britain	07/17/99			X

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

BEST AVAILABLE COPY

Application Number(s)	Filing Date (MM/DD/YY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
PCT/GB00/02639	07/14/00	

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number 21831

Direct all correspondence to:

Customer Number 21831

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any]) Family Name or Surname

Thomas William Wielkopolski

Inventor=s Signature Thomas William Date 14-1-02 14 JAN 02

Residence: City Somerset State Country United Kingdom Citizenship Great Britain

Post Office Address Cats Castle, Lydeard/St. Lawrence

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

Inventor=s Signature Date

Residence: City _____ State _____ Country _____ Citizenship _____
Post Office Address _____

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

Inventor=s Signature _____ Date _____

Residence: City _____ State _____ Country _____ Citizenship _____
Post Office Address _____

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:

Given Name (first and middle [if any]) Family Name or Surname

Inventor=s Signature _____ Date _____

Residence: City _____ State _____ Country _____ Citizenship _____
Post Office Address _____

